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Title of the Study: "Men's participation in Reproductive Health, Reproductive Rights and Child upbringing''- An Empirical study with reference to Rural Panchayats of Dharwad District.

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Synopsis

Title of the Study: "Men's participation in Reproductive Health, Reproductive Rights and Child upbringing''- An Empirical study with reference to Rural Panchayats of Dharwad District.

1. Introduction

Men's reproductive health is an important part of overall health and wellbeing. It is important for men to understand the risks and benefits associated with their reproductive health, as well as how to take steps to protect it. This includes understanding the anatomy and physiology of the male reproductive system, knowing the signs and symptoms of common reproductive health issues, and taking steps to maintain a healthy lifestyle. Additionally, men should be aware of the potential risks associated with certain reproductive health conditions, such as sexually transmitted infections, and be aware of the available treatments and preventative measures. Men's reproductive rights are also an important and often overlooked issue in the modern world. Reproductive rights are the rights of individuals to make decisions about their own reproductive health and to access the resources they need to do so. This includes the right to access contraception, the right to access abortion services, the right to access fertility treatments, the right to access information about reproductive health, and the right to access healthcare services related to reproductive health. Even though reproductive rights are a fundamental human right, men are often excluded from conversations about reproductive rights and their own reproductive health. Women have been the focal point of reproductive health programs for many years, services involving men have been very scarce, men as a client or men accompanying the client have been neglected (Greene, 2009)

The role of men in child upbringing has been a subject of debate for many years. While some argue that men are just as capable of providing care and nurturing as women, others contend that men should not be involved in child rearing due to their lack of experience and knowledge. Equality among women and men is a principle in international law, expressed in many United Nations documents from the 1948 Universal Declaration of Human Rights. The thought that men and boys might have a certain role in understanding such principle has only been voiced lately (Connell, 2003). This thesis will explore the various roles men can play in child upbringing and the potential benefits and drawbacks of involving men in the process. It will review literature and examine the historical context of male involvement in child rearing, the current state of research on the certain topic, and the participation of involving men in child upbringing. It will also consider the perspectives of stakeholders, such as parents, and the potential impact of male involvement on bringing up of children.

This thesis overall seeks to explore the importance of men's reproductive health, rights, and will explore the various aspects of men's reproductive health, including the

awareness and participation of the male in reproductive health, awareness of reproductive rights, child upbringing and some common reproductive health issues, and the importance of taking steps to maintain a healthy reproductive health.

Definitions:

Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. (WHO)

Reproductive rights are a class of human rights associated with reproductive health and autonomy. They may include the right to plan a family, use birth control, receive sex education in public schools, end a pregnancy, and gain access to reproductive health services. The legal outlines of these rights differ widely across the world. (Thomas Hootman, 2022)

2. Literature Map

2.1 Table Literature Map

Factors	Literature Reviewed
Reproductive health **20+ Literature Reviewed**	Char et al. (2011). Assessing young unmarried men's access to reproductive health information and services in rural India. *BMC Public Health*, 11:476. Retrieved from http://www.biomedcentral.com/1471-2458/11/47 HUBLEY, P. S. (2004). *Evaluating men's involvement as a strategy in sexual and reproductive health promotion.* Great Britain: HEALTH PROMOTION INTERNATIONAL Vol. 19. No. 3 Oxford University Press. Retrieved from doi: 10.1093/heapro/dah312 K.G. Santhya, S. J. (2008). *Early marriage and sexual and reproductive health risks: Experiences of young women and men in Andhra Pradesh and Madhya Pradesh, India.* New Delhi: Population Council. Karen Hardee, M. C.-G. ((2017)). Are men well served by family planning programs? *Reproductive Health 14:*, 14 . Khan, M. E. ((2008)). Exploring Opportunities to Project a "Responsible Man" Image: Gatekeepers Views of Young Men's Sexual and Reproductive

	Health Needs in Uttaranchal, India. *International quarterly of community health education, 28(1),*, 13-31. Ravi K. Verma, J. P. ((2006)). Challenging and Changing Gender Attitudes among Young Men in Mumbai, India. *Reproductive Health Matters, Vol. 14, No. 28*, 135-143. Retrieved from http://www.jstor.org/stable/25475262
Reproductive Rights **20+ Literature Reviewed**	Shaw, D. (. ((2009)). Access to sexual and reproductive health for young people: bridging the disconnect between rights and reality. *International Journal of Gynecology & Obstetrics, 106(2)*, 132-136. doi:doi.org/10.1016/j.ijgo.2009.03.025 Barker, G. &. ((2004)). Men and sexual and reproductive health: the social revolution. *Int J Mens Health, 3(3)*, 147-53. Peacock, D. &. ((2004)). The men as partners program in South Africa: reaching men to end gender-based violence and promote sexual and reproductive health. *International Journal of Men's health, 3(3),*, 173-188. Paiva, V. S.-J. ((2007)). Desire to have children: gender and reproductive rights of men and women living with HIV: a challenge to health care in Brazil. *AIDS patient care and STDs, 21(4),*, 268-277. Ruane-McAteer, E. G. ((2020)). Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: a systematic review of intervention studdies.. *BMJ global health, 5(10), e002997*. doi:10.1136/bmjgh-2020-002997 Berro Pizzarossa, L. ((2018)). Here to stay: The evolution of sexual and reproductive health and rights in international human rights law. *Laws, 7(3), 29*. doi:https://doi.org/10.3390/laws7030029
Child Upbringing **20+ Literature Reviewed**	Ejuu, G. ((2016)). Celebrating African men's role in child care and early childhood development programs. *Childhood Education, 92(1),*, 29-35. doi:https://doi.org/10.1080/00094056.2016.1134239 Joseph, M. V. ((2008)). Impact of parenting styles on child development. *Global Academic Society Journal: Social Science Insight, 1(5), 1*, 6-25. Mahajan, P. (. ((2019), Aug 24). Mahajan, P. (2019). Fathers, Paternity Benefits and Gender Norms. Available at SSRN 3441024. *Institute of Development*

	Studies (IDS), Brighton, SSRN 3441024. doi:http://dx.doi.org/10.2139/ssrn.3441024 Sriram, R. &. ((2013)). Fathering to ensure child's success: What urban Indian fathers do?. *Journal of Family Issues, 34(2),*, 159-181. doi:https://doi.org/10.1177/0192513X1246113 Sriram, R. ((2011)). Evidence of change and continuity in fathering: The case of Western India. *Marriage & Family Review, 47(8),*, 625-647. doi:https://www.tandfonline.com/doi/abs/10.1080/01494929.2011.625105 Trivedi, S. &. ((2020)). Fatherhood and roles of father in children's upbringing in Botswana: fathers' perspectives. *Journal of Family Studies, 26(4),* 550-563. doi:https://doi.org/10.1080/13229400.2018.1439399
Maternal Health **20+ Literature Reviewed**	Swetha, T. R. ((2019)). Knowledge and perception of men about postnatal care: community based study. *Hindu, 172,*, 43. doi:https://doi.org/10.33545/comed.2019.v2.i2c.69 Greenspan, J. A. ((2019)). Men's roles in care seeking for maternal and newborn health: a qualitative study applying the three delays model to male involvement in Morogo Region, Tanzania. *BMC pregnancy and childbirth, 19(1),* 1-12. doi:https://doi.org/10.1186/s12884-019-2439-8 Naveen Kumar Roy, K. K. (2014). *Utilisation of Maternal Health Care Services in Selected Districts of Uttar Pradesh, India.* Bhopal: India 2014 Population and Development. Leiferman, J. A. ((2021)). Anxiety among fathers during the prenatal and postpartum period: a meta-analysis. *Journal of Psychosomatic Obstetrics & Gynecology, 42(2),*, 152-161. doi:https://doi.org/10.1080/0167482X.2021.1885025 Barua, A. P. ((2004)). Caring men? Husbands' involvement in maternal care of young wives. *Economic and Political Weekly,*, 5661-5668. Retrieved from https://www.jstor.org/stable/4415985 Ramchandani, P. G. ((2008)). Depression in men in the postnatal period and later child psychopathology: a population cohort study. *Journal of the American Academy of Child & Adolescent Psychiatry, 47(4),*, 390-398. doi:https://doi.org/10.1097/CHI.0b013e31816429c2

3. Literature Gap:

Considering the urgent need and the scale of the problem, it was found out that research studies on men participation in reproductive health is very scanty. The literature reviewed reveals on various issues of men participation in reproductive health, reproductive rights, child upbringing, maternal health, and care and, child upbringing. Majority of the studies focus on challenges faced by men in availing services, information source on reproductive health, men in child upbringing and maternal care of spouse. The studies also lack to identify the awareness of men, as the researcher believes that education and awareness play a very important role to initiate a step towards solving any challenges, the more the men are made aware the more responsible participation in reproductive health can be achieved. Some of the intervention research studies also pointed that men after the intervention were more participative and responsible towards their health, infant health, and spousal health. Some of the experimental studies also showed that men started to participate and understand the risk factors during pregnancy and had helped their spouse in post-partum period and participated in child upbringing.

Looking into all the reviews it can be mentioned that there is an urgent need of research studies which can explore and identify the exact reason and provide rational solutions to achieve the much-needed strategies to solve the challenges in men participation. The researcher also came across many problems which create barriers for the victims of life-threatening STDs like HIV/AIDs, the transmissions of parent to child and proper counselling and, guidance towards the management of diseases is very deficient. Stressing gain that the studies in South Asian communities are very less, as STDs and STIs are very rampant in the community and need urgent attention, by bringing up major research studies many of the challenges can be confronted and solved.

4. Community Profile

Dharwad district is located in the state of Karnataka in India. It is bounded by Belgaum district in the north, Gadag district in the east, and Haveri district in the south. The district has an area of 4,265 km2 and a population of 1,890,753 as per the 2011 census; With a population density of 441 persons per sq. km, making it the 2nd most populous district in the state of Karnataka and 256th in India. The literacy rate in the district is 82.35%, with male literacy rate at 88.93% and female literacy rate at 75.07%. The major towns in the district are Hubli and Dharwad. The district has a predominantly agrarian economy with rice and sugarcane being the main crops grown. The district is also home to numerous industries, including textiles, IT, and engineering. The district has a tropical climate with an average annual temperature of 25°C. The average rainfall in the district is 750 mm. The major rivers in the district are the Krishna, Ghataprabha, and Malaprabha. The district is divided into three major regions – the Malnad region in the west, the Deccan Plateau in the centre, and the eastern plains. The Malnad region is characterized by dense forests and high hills, while the Deccan Plateau has a dry and

arid climate. The eastern plains are mainly used for agriculture. The district is home to numerous tourist attractions, including the historic monuments like Siddharudha Math, as well as the scenic waterfalls of Unchalli, Magod, and Sathodi. The district is also home to the renowned Dharwad Sahitya Sambhrama, a literary festival held annually in the month of November. The district has several educational institutions, including the University of Agricultural Sciences, Dharwad, Karnataka University, and Colleges and institutions of Mental Health, Engineering, Dental and Medical and hospital of Oncology. Dharwad is also home to numerous temples, churches, mosques, and other religious institutions.

The situations of health according to (2011 Census) showed, that, infant mortality rate is low, at 40 deaths per 1,000 live births. The maternal mortality rate is also low, at 45 deaths per 1,000 live births. The total fertility rate is also low, at 2.1 children per woman. The permanent sterilization rate is 55.0 % of female sterilization and 0 % of male sterilization. 35% of full antenatal checkup with 76.80% of 4 visits and 69.40% of post-natal visits. There are 3 taluka level hospitals with 300 beds and 1 district hospital with 250 beds, other private and autonomous hospitals with 2 in numbers having 1575 beds. 20 PHC's Serving 24/7 and 22 number of govt ambulances serving the population. The district has 12 blood banks, it also reported 690 HIV positive Cases in ICTC, and the district has 694 ASHA workers working in rural areas of Dharwad district. (Karnataka Census Report 2011).

5. Statement of the problem

There is multiple reason for involving men in reproductive health matters. First, men as same as women share their own reproductive health concerns, their involvement shouldn't only be considered as a means to achieve women's reproductive health. Secondly, men's sexual and reproductive wellbeing and behaviors directly affect their partner. Third, decisions on matters of reproductive health occur within relations that affect both men and women. The involvement of men in reproductive health matters should be seen as an important step to achieving overall health for the family and the society, including decrease of maternal mortality, and plummet in the prevalence and impact of HIV/AIDS. However, accord in ICPD 1994 was reached on involving men in the policy environment generally supported by majority nation, many countries including India, the health service organization for reproductive health is still largely female-oriented. Much of the efforts in implementing men involvement were made by small scale programs and had a very less impact. Moreover, 'some of the main factors which prevent men's involvement in facility-based childbirth, namely, Health facility factors, Economic factors, and Cultural factors' (Hailemariam S, 2021). Developing countries like India were still culture plays a very important role in all aspects, of be it regarding reproductive health or any other issues, as we can clearly see women in rural India, 'for an Indian wife molded by traditional values, an episode of illness, even if it is related to a stigmatized condition such as AIDS, is a test of her supreme duty to her husband. Indeed, even to ask questions about her role in caretaking can be taken as an affront, as is evident' (Bharat, (1999)) and are very vulnerable and most of the men are

less educated and ignorant towards health aspects, there are lot of aspects which show women and men being at the risk of many reproductive morbidities such as exposure to diseases like HIV/AIDS, transmission of the disease to children, cancers related to reproductive health, abuse of human rights and many cases of domestic violence. It is very essential to look up on what the men in rural areas perceive about reproductive health and responsibilities towards spousal health and child upbringing. The study will help in developing a good understanding by analyzing the data and bringing up good friendly policies for men to enhance their participation in reproductive health.

6. Significance of the study

The study brings out various concerns of reproductive health needs in men and how it effects women (Spouse), it will help in understanding why men should be brought under different programs of reproductive health, one of the study found out that. The study will help in reduction of child mortality, maternal mortality and morbidity rate therefore helping in betterment of maternal care and spousal support towards reproductive health; a report suggests that 'Men's involvement in reproductive health activities has the potential to reduce maternal mortality, improve the health of women and children, reduce the spread of HIV/AIDS, and increase contraceptive use' (UNFPA, (2019)). Further the study also focuses role of father in child upbringing which will deal in various aspects of child care and child upbringing. A report by UNFPA says that By involving men in reproductive health activities, it can also help to reduce gender stereotypes and promote better communication between partners about contraceptive use and other sexual and reproductive health matters (UNFPA, 2019).

Involvement of men in reproductive health is essential for reducing gender inequalities and promoting the health and wellbeing of both men and women. Men can be powerful advocates for their partners and can help to ensure that women are able to access their reproductive rights. In this Context, the study explores and brings out the results to develop more programs and policies towards men to participate in reproductive health.

7. Aim of the study

The present study mainly aims on various domains of reproductive health, Reproductive rights and child upbringing of Married Men age group of 21- to 50-year-old, the problems experienced and awareness of reproductive health and morbidities, perception towards spousal relationship and rights and, child upbringing attitude. The study will be carried out in Rural Panchayat of Dharwad District of Karnataka state.

8. Specific Objective

1. To study the Socio Economic and demographic conditions influencing reproductive health of the respondents

Socio economic and demographic profile is a very significant variable in any given social research. It is the objective which helps to collect important information like social condition, economic condition, education etc. these factors will help the objective to understand and analyze the basic information of the respondent and, will try to corelate the impact with other variables and to draw references.

2. To study the level of awareness of reproductive morbidities among the respondents

The objective will help us to understand the awareness of men in reproductive health morbidities and investigates the level of awareness of men in symptoms of reproductive health diseases and infections. The scale developed to measure the awareness is self-developed and validated.

3. To study the awareness of reproductive health rights among the respondents

The objective tries to understand and analyze the awareness of men in reproductive rights and human rights and child rights. The objective investigates basic rights of men, women and children and indirectly analyze the violation of rights.

4. To assess the participation of men in reproductive health and maternal care

The objectives try to analyze participation of men in maternal care. So as to understand the men's awareness in maternal care, men's participation in prenatal and post-partum participation. This will give a clear picture over all involvement of men and the influence of men in maternal health care.

5. To assess the participation of men in child upbringing

The objective tries to analyze the participation of men in infant and child upbringing, it investigates the role of father in child life. As many studies suggested that the role of father is very important in shaping the psychology of a child and, it also suggests that men in child upbringing leads child towards better understanding of gender roles and leads towards a good behavior in later adulthood.

6. To suggest different ways for men towards participation in reproductive health

The objectives inspect into suggesting different ways to promote men participation in reproductive health, reproductive rights and child upbringing. It also investigates to suggesting the importance of policies and programs to include men in reproductive health for overall attaining MDG.

9. Research design

The research design says more about the type of research conducted, the main thrust of the present research is to describe the participation of men in reproductive health, reproductive rights and child upbringing in rural panchayaths of Dharwad district, the researcher has adopted Descriptive research design for the purpose. Descriptive research seeks to examine and describe the situation by observing a data-set and looking for potential relations between variables. The advantage of Descriptive research is that it is easier to make new discoveries due to the less stringent methodological restrictions. As the researcher does not want to miss a potentially interesting relation and therefore aimed to minimize the probability of rejecting a real effect or relation, Descriptive research design is adopted for the study.

10. Universe of the study with Map and explanation

Universe of the study is all currently married men above the age of 21 and below the age of 50 i.e **4,98,848 (32.4%) (District Sub Registrar office Dharwad 2011 Census)** who are residing in the rural panchayats of Dharwad district. The sample size will be **384 (KREJCIAE and MORGAN 1970)** 450 samples are been administered to reduce any errors and are divided by five talukas of Dharwad district.

10.1 Map

11. Sampling Frame Work

The targeted population of the study is **4,98,848 (32.4%).** Including all Five talukas of Dharwad district, as **per krejcie and Morgan 1970** (**National Education Association (USA). Published in 1960)** table of estimating sample size for **(N) 10,00,000. Population the sample size (S) is 384**. Hence researcher has decided to set **sample size to 400 i.e., to collect 76.8 rounded off to 80 respondents from each Talukas of Dharwad District.** Now to determine 80 respondents from each village panchayat Systematic Random Sampling will be applied to select the **N**th number i.e**. K=N/n,** were **'N'** is the number of units in the target population and **'n'** is the number of units of the sample. The sampling method for the study will be **probability sampling, multistage systematic stratified random sampling** method, the sample units is selected through the systematic random sampling method through the sampling frame available from the panchayats.

12. Determination of Sample

The formula to determine sample used is as follows

$s= X^2 NP(1-P)/ d^2 (N-1) + X2 P (1-P)$
s= require sample size
X^2= the table value of Chi-Square for one degree of freedom at the desired confidence level
N= the population size

P= the population proportion (assumed to be .50 since this would provide the maximum sample size)
d^2= the degree of accuracy as expressed as a proportion (.05)

The formula to determine number of panchayats in each taluka to divide the population in systematic random sampling way.

K=N/n,
K= regular interval
N = number of units in the target population
n = number of units of the sample.

13. Sampling Frame

The sample has been collected from five talukas namely Dharwad, Hubli, Navalgund, Kalaghatagi, Kundgol. To determine the sample the researcher approached the village panchayats, as one village panchayat differ from another village panchayat on administrative and jurisdiction of villages. The data was collected with consulting the Grama Panchayat, an average of five samples were collected in one village. The sample size of **450** Units was distributed through five talukas having 80 sample units in each taluka. Further, the sample was distributed to each interval of panchyaths.

31.1 Table Population Determination Frame

Taluk	Grama Panchayat	Total Grama Panchayats	Estimated sample size K=N/n	Sampling size
1	Dharwad	39	Every 2nd Gp	90
2	Navalgund	25	Every 3rd Gp	90
3	Kalgahatagi	28	Every 3rd Gp	90
4	Kundgol	26	Every 3rd Gp	90
5	Hubli	26	Every 3rd Gp	90
	Total	144 GPs		450

14. Inclusion & Exclusion Criteria

Inclusion:

1. Married men with the age group of 21 to 50
2. Men having at least one child are included in the study
3. Married men who are residents of Rural Taluka of Dharwad district
4. Currently married men who are living with spouse
5. Married men who are living in rural and rural slums of community

Exclusion:

1. Married men below the age group of 21 and above the age group of 50 years are excluded from the study
2. The study is limited only to Rural Talukas of Dharwad District Administration.
3. Women and other genders are excluded from the study
4. Married men without children and who are widower are excluded from the study

15. Tools and methods of data collection

Data collection is a important part of research process. The instrument used to collect primary data is developed keeping in the mind all the variables mentioned in the objectives of the research. The researcher has developed a self-administered interview schedule by developing questions and validating them through pilot study. The interview schedule is divided according to the objectives and explained as follows.

Part-A. Socio Economic Demographic conditions

Part-B. Level of awareness of reproductive health morbidities

Part-C. Awareness of reproductive health rights

Part-D. Participation of men in reproductive health and maternal care

Part-E. Suggestions for men participation in reproductive health.

16. Methods of data collection

Primary Data: The primary method for collecting the data used was a structured interview. As all the respondents are residents of rural area there are more chances of

misinterpreting the questions by the respondents so the researcher wants to minimize the errors by using the tool structured interview.

Secondary Data: Secondary data was collected from selected panchayats for the study, like the population details, other issues of reproductive health, child immunizations and other health services available by the panchayats, researcher also looked and collect information on studies conducted by district family and health office on reproductive health issues and online/printed Journals, thesis, books, newspapers.

17. Rational for selecting study geography

The geography or the area of the research is an important factor to consider when conducting research. It is one of the factors which regulates the sample and can affect the results of a study by influencing the characteristics of the sample and the types of data collected. If an investigator is doing a quantitate study, the study subjects are influenced by the various resources available in the environment, for example. Access to education, transportation, culture of the geography, food habits, hospitals etc. In addition, geography can provide important clues about the underlying causes of a phenomenon or the potential solutions to a problem. By considering the geography of a research project, a researcher can gain a better understanding of the social, economic, and environmental factors and universalize the results of the study. Dharwad district was chosen for the study because, Dharwad encompasses five talukas, it encompasses three 3 natural regions, the Malnad, Semi-Malnad and Maidan. The population in the region is imbalanced when it comes to access to education, health, sanitation, literacy etc. these factors is the main key which divides the wealth index between the talukas. Dharwad and Hubli as a center place as economic, industrial hub enjoys lots of access to amenities. Whereas, kalaghatagi has less access and falls into western ghats and heavily dependent on agriculture. Kundgol and Navalgund are maidans which are dependent on rain water and are less developed compared to Hubli and Dharwad. This indifference of factors led the researcher to choose the geographical area as it represents a unique set of population in the state.

18. Relevance and contribution

Participation of men in reproductive health is a long-discussed topic since the 1994 ICDP conference in Cairo; very less has been brought to practical work since then. It is

very important to include men in reproductive health as sexuality is a basis for all human activities, the absence of men participation leads to many problems like, increase in morbidity and mortality of women and children, it increases the rate of STI/STDs among the community, it leads to gender based violence and many more challenges. Thus, this study brings out the various aspects of men and reproductive health to address the larger problem and help formulate policies and programs for welfare of the community.

19. Operational definition

1. Men – Men in the study are men who are residing in rural and rural slums of Talukas of Dharwad and are currently married, the men in the study are also fertile and are having at least one child.

2. Reproductive Health - Reproductive health in the study is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

3. Reproductive Rights - Reproductive rights in the study are a class of human rights associated with reproductive health and autonomy.

4. Child Upbringing - Child upbringing in the study is child rearing or parenting, refers to the process of nurturing, caring for, and guiding a child's physical, emotional, social, and cognitive development from infancy through adolescence

5. Child – Child in this study is a son or a daughter of a men respondents of the study

6. Reproductive Morbidities - Reproductive diseases in this study is referred to as reproductive health disorders or conditions, encompass a range of medical issues that affect the reproductive organs and systems in both males and females.

8. Human Rights - Human rights in this study refers to the fundamental rights and freedoms that every individual is inherently entitled to, simply by virtue of being human.

9. Maternal Care - Maternal care in this study refers to the healthcare services, support, and interventions provided to pregnant individuals before, during, and after childbirth.

10. Rural - Rural in this study refers to administrative areas of Dharwad Talukas rural areas which is characterized by a lower population density, less urban development, and a more natural or agricultural landscape compared to urban or suburban areas.

20. Findings & Discussions

The obtained statistical analysis investigates into socio- economic and demographic profile of the respondents, The data indicates that 64.0% of the respondents live in rural areas, while 36.0% reside in rural slums. This distribution underscores the prevalence of rural living conditions in the sample. The high percentage of respondents from rural areas reflects the dominant demographic pattern in rural panchayats of Dharwad taluka of Dharwad district, where a substantial portion of the population resides in rural regions. The presence of respondents from rural slums highlights the challenges associated with urbanization and the need for understanding the socio-economic dynamics of these areas. Further, the analysis of respondents' ages demonstrates that a considerable proportion falls within the age range of 31 to 35 (39.1%). This finding is interesting as it indicates that the sample is skewed towards individuals in their early to mid-30s, which could have implications for understanding various life stages and transitions in rural Indian communities. Additionally, the distribution suggests a relatively even representation of respondents in different age groups, allowing for insights into generational dynamics. The religious distribution of respondents indicates the dominance of Hinduism in the sample, with 72.9% identifying as Hindu. This aligns with the broader religious landscape in India, where Hinduism is the predominant religion. The presence of Muslim (15.6%) and Christian (11.6%) respondents reflects the diverse religious fabric of India. The absence of Sikh and other religious affiliations in this sample could be attributed to the specific geographic and cultural context. The data explains that a substantial majority (64.2%) of respondents have experienced marriage within their kinship networks. This finding points towards the strong influence of family and kinship in rural Indian society, where marriages are often facilitated within familiar social circles. The relatively high percentage of respondents practicing marriage within kinship is consistent with traditional social norms and practices prevalent in rural areas.

In context to marriage structure of the rural community, The data reveals a gender disparity in terms of the number of children within families. While there is a relatively consistent distribution of male children, with 65.3% having one and 30.2% having two, the distribution of female children is characterized by fewer two-child families (32.2%) and a higher proportion of one-child families (45.8%). This gender-based difference in family size could potentially stem from cultural norms, economic factors, and the preference for male children, which can influence family planning decisions.

The birth interval pattern between children showcases a significant number of families with a birth interval of 1-2 years (58.9%), reflecting a pattern of relatively close child spacing. This could be influenced by traditional fertility norms, socio-cultural practices, and maternal health considerations in rural communities. The data also indicates that 31.8% of families have a birth interval of less than 1 year, which might indicate unplanned or closely spaced pregnancies. Similarly, respondents and spousal age at marriage, a substantial proportion of respondents (56.7%) got married between the ages of 21 and 25, which is reflective of early marriages in rural settings. This aligns with

traditional marriage practices in India. Additionally, the finding that only 9.8% of spouses were married before the age of 18 indicates a shift towards marrying at or after legal adulthood, suggesting changing societal norms and increasing awareness about the legal age for marriage. the analysis shows a relatively balanced distribution of age differences between spouses. However, the majority (51.1%) have an age difference of less than 5 years, which indicates a trend towards smaller age gaps between partners. Moreover, the data highlights that a significant proportion (92.7%) of first child births occur after both spouses have reached the age of 18. This indicates a positive shift towards delaying childbirth until the couple is of legal age, potentially driven by improved awareness of maternal and child health.

Additionally, regarding means of transportation, the data indicates that a significant proportion of the surveyed population relies on public and private transportation, with 27.1% using public transport, 8.0% using private transport, and a substantial 62.4% utilizing a combination of both. suggesting that while public transportation plays a crucial role in rural areas, there is also a notable reliance on private vehicles. This mix could be attributed to the lack of efficient public transportation networks and the need for personal mobility for various purposes like work, education, and healthcare. Moving on to infrastructure, it is promising to observe that all surveyed villages have access to an Anganwadi centre, which indicates efforts towards early childhood care and development. In terms of primary health care, 73.3% of the villages have a Primary Health Canter available, which signifies an overall positive step towards ensuring healthcare access. However, the presence of these facilities might not uniformly guarantee effective healthcare delivery due to various challenges such as staffing, medical supply availability, and the geographic distribution of the centres. Further, the data revealed that the medical emergencies highlighting a potential concern. Only 53.1% of respondents reported having enough infrastructure and personnel available for medical emergencies, while the remaining 46.9% indicated insufficient resources. This suggests that despite the presence of health centres, there might be inadequacies in terms of emergency response capabilities, which could be attributed to factors like lack of trained medical professionals and proper medical equipment.

Further, the education distribution among the surveyed population's husband-wife pairs showcases the educational landscape in rural areas. While there are no illiterate individuals in this sample, a significant proportion 21.3% of the population falls into categories ranging from just literate without no formal schooling to those who have completed primary, secondary, and tertiary education. This suggests that efforts towards literacy and education have been made, but there is still room for improvement in terms of achieving higher levels of education, such as graduation and post-graduation. Looking at occupation, a diverse range of employment statuses are observed, with various segments contributing to the rural economy. The prevalence of self-employment, especially in lower-income categories like laborers and small businesses, highlights the importance of entrepreneurial activities in rural areas. Additionally, the presence of individuals engaged in private sector jobs and professional services reflects a degree of economic diversification. However, a considerable proportion of individuals are still not employed, potentially indicating

underemployment or challenges in job availability. The monthly per capita income provides insights into the economic well-being of rural families. A noteworthy finding is the relatively high percentage of individuals falling within the income range of 5,000 to 19,999 rupees. This range covers a substantial portion of the population and suggests that a significant proportion of rural families fall within this income bracket. This data could inform policy decisions aimed at improving income generation and economic opportunities in rural areas.

The obtained statistical analysis probes into awareness of reproductive morbidities among the respondents. The findings reveal that a considerable portion of the surveyed population is aware of the symptoms linked to STIs and STDs. For instance, symptoms like unusual discharge from the genital area, sores or warts on the genital area, itching and redness in the genital area, blisters or sores in or around the mouth, and itching, soreness, or bleeding from the genital area, are recognized by more than 60% of the respondents. This suggests that a significant portion of the rural population is well-informed about common indicators of STIs and STDs, which is crucial for early detection and seeking appropriate medical attention. However, there are certain symptoms for which awareness seems to be relatively lower. Symptoms like painful or frequent urination, abnormal odor from genital discharge, abdominal pain, and fever are recognized by fewer than 50% of the respondents. This could imply that there might be some gaps in knowledge regarding these symptoms, potentially leading to delayed diagnosis and treatment. A significant majority of respondents are not aware of Chlamydia, genital herpes, gonorrhea, HPV, pubic lice, syphilis, and trichomoniasis, with awareness rates ranging from approximately 12% to 32%. This indicates a potential gap in knowledge about these specific STIs and STDs, which could impact prevention, early diagnosis, and appropriate treatment. However, there are some encouraging findings as well. The awareness levels for HIV/AIDS, herpes simplex virus, and hepatitis B and C are relatively higher, with percentages ranging from around 55% to 79.6%. The higher awareness regarding HIV/AIDS is especially noteworthy, as it is a critical health issue with significant public health campaigns and efforts to raise awareness in India. It's also important to note that the level of awareness might vary based on factors such as education, socioeconomic status, and exposure to healthcare information.

Further, the findings reveal a mixture of awareness levels among the respondents. A significant portion of the population (58.9%) acknowledges that the correct usage of latex condoms greatly reduces, though not eliminates, the risk of catching or spreading sexually transmitted diseases (STDs). However, there is still a considerable percentage (41.1%) who might believe that condom usage offers complete protection against STDs. This highlights the importance of continuing education efforts to provide accurate information about the limitations of condoms as a sole preventive measure. Regarding awareness of contraceptive methods, there is a positive trend in knowledge. A substantial proportion of the respondents (64.0%) are aware of permanent contraceptive methods available for men. This suggests that there is a degree of familiarity with family planning options. However, awareness regarding temporary contraceptive methods for men is lower (13.8%), indicating the need for more

comprehensive education about the full spectrum of contraceptive choices available to men. The data also underscores the awareness of modes of infection transmission. An overwhelming majority of respondents (93.8%) recognize that sharing contaminated needles and using contaminated body piercing or tattooing equipment can transmit infections. Similarly, a significant proportion (68.4%) acknowledges that certain STI infections can be transmitted through nonsexual, close contact. These findings indicate that rural communities are aware of common modes of infection transmission, which is crucial for promoting safer practices and reducing infection risks.

The respondents demonstrate awareness of certain pregnancy-related risks. For instance, a substantial percentage of respondents are aware of risks such as miscarriage (19.3%), ectopic pregnancy (26.2%), preterm labor and delivery (21.6%), low birth weight (13.1%), birth defects (72.4%), stillbirth (41.1%), illness in the newborn period (58.9%), and newborn death (35.8%). This suggests that a significant portion of the rural population has some knowledge about potential complications that can arise during pregnancy and childbirth. However, there are areas where awareness appears to be comparatively lower. For example, the awareness of health complications in the mother is recognized by 54.4% of respondents, indicating a potential gap in knowledge about the various health risks that can affect the mother during pregnancy and postpartum.

In terms of awareness, respondents are somewhat knowledgeable about the significance of treating recent sexual partners to prevent re-infection and further transmission of STIs, with 43.6% agreeing with this statement. However, there is an area of concern in terms of awareness about incurable STIs. While a majority (67.1%) recognize that certain STIs like HIV, genital herpes, human papillomavirus, hepatitis, and cytomegalovirus cannot be cured, a significant percentage (32.9%) still believe that these STIs can be cured. This highlights a potential need for more education on the nature of these infections. The data also suggests a high rate of STI screening within the past 6 months, with 92.7% of respondents reporting having not been screened. However, this percentage contrasts with the low rate (7.3%) of respondents reporting having been screened. This might reflect a potential reporting bias, social desirability bias, or the respondents' lack of knowledge about their own screening status. Furthermore, the analysis indicates a relatively high awareness of where to avail screening and treatment services for STIs, with only 20.7% of respondents being not aware. This suggests that there might still be a need for increased efforts to disseminate information about available STI services in rural areas. Lastly, a significant proportion (82.9%) of respondents who underwent ANC screening for their spouse did not receive STI screening during that time. This suggests that there might be some care providers scarcity to provide health services or no proper setup for men clients, which could be a negative indication toward ensuring comprehensive healthcare.

Overall, the provided statistical analysis explores the overall awareness of reproductive diseases and infections among the rural population in panchayats of Dharwad taluka and district. The data is presented in terms of frequency, percentage, mean score, and standard deviation, providing insights into the level of awareness across different segments of the population. The findings reveal that the respondents' overall awareness

of reproductive diseases and infections is distributed across three categories: low, moderate, and high. The mean score of 18.97 with a standard deviation of ± 11.34. suggesting that there is a moderate level of awareness overall, there are still gaps in knowledge regarding reproductive diseases and infections among the rural population. This could be attributed to various factors, including differences in education, access to information, and cultural practices.

The provided statistical analysis in the objective delves into the awareness of reproductive rights within the rural community of Dharwad district. The data paints a comprehensive picture of the rural population's understanding of their rights concerning various aspects of reproductive health, autonomy, and protection from harm. The findings reveal a significant level of awareness among the surveyed population regarding their reproductive rights. Across various categories, the percentage of individuals aware of these rights is notably high. For instance, the overwhelming awareness (96.7%) of "The Right to Life" underscores the foundational importance of recognizing the right to life and health for all individuals. Additionally, a substantial majority is aware of other critical rights, including "The Right to Liberty and Security of Person," "The Right to Health, including Sexual and Reproductive Health," "The Right to Decide the Number and Spacing of Children," "The Right to Consent to Marriage and to Equality in Marriage," "The Right to Privacy," and more. The analysis also highlights a few areas where awareness is relatively lower, such as "The Right to Equality and Non-Discrimination," "The Right to be Free from Practices that Harm Women and Girls," "The Right to Not be Subjected to Torture or Other Cruel, Inhuman, or Degrading Treatment or Punishment," "The Right to be Free from Sexual and Gender-Based Violence," and "The Right to Access Sexual and Reproductive Health Education and Family Planning Information." These areas might warrant targeted awareness campaigns and education to ensure comprehensive knowledge of these rights. In general, the analysis suggests that while the rural population possesses a commendable understanding of their reproductive rights, there remains a scope for strengthening awareness across the board. This underscores the importance of continuous education initiatives that empower individuals with the knowledge to make informed decisions about their reproductive health, exercise their rights, and contribute to their overall well-being.

Further, the data sheds light on individuals' familiarity with significant legal acts that are crucial for safeguarding reproductive health rights and promoting gender equality within the rural communities. The findings reveal indicate varying levels of awareness about these legislations. Notably, the awareness about the "Child Marriage Prohibition Act" stands out, with a substantial 91.1% of respondents indicating awareness. This high awareness is significant in the context of rural India, where child marriages have been a persisting concern. The recognition of this act suggests that efforts to curb early marriages and empower girls with education and life choices are gaining traction within rural areas. Moreover, the awareness about the "Prohibition of Dowry Act" is also notable, with 87.8% of respondents expressing familiarity. This awareness suggests that rural communities are becoming increasingly informed about the legal measures in place to address dowry-related issues and promote gender equality within marital

relationships. On the other hand, there is room for improvement in terms of awareness about the "PCPNDT Act." This act is pivotal in combating gender-based discrimination and sex-selective practices, which remain critical issues in rural India. The lower awareness (50.7%) about this act highlights the need for targeted awareness campaigns to address the misuse of pre-natal diagnostic techniques and foster a more gender-equitable society. Similarly, awareness about "The Medical Termination of Pregnancy Act" is also relatively lower (32.0%). Given that this act addresses safe and legal abortion, the lower awareness suggests a need for greater awareness about women's reproductive health rights, particularly concerning pregnancy termination in rural areas.
To conclude with, the statistical analysis underscores both encouraging trends and areas of concern in terms of awareness about key reproductive legislations within rural India. While awareness levels are promising for acts like the "Child Marriage Prohibition Act" and "Prohibition of Dowry Act," there is a need for more focused efforts to raise awareness about legislations such as the "PCPNDT Act" and "The Medical Termination of Pregnancy Act." These findings emphasize the importance of robust awareness campaigns and education initiatives to ensure that rural communities are well-informed about their legal rights, contributing to improved reproductive health, gender equality, and social well-being.
Overall, the statistical analysis researches into the awareness of reproductive health rights within rural community of Dharwad district, offering insights into the extent of individuals' understanding of their rights related to reproductive health and well-being. The findings indicate a generally positive trend in terms of awareness of reproductive health rights among the surveyed rural population. The majority of respondents fall into the "High" awareness category (75.6%). The mean awareness score of 13.38 and the standard deviation of ± 3.63 reflect a relatively consistent level of awareness among respondents. This indicates that while there is a widespread awareness of reproductive health rights, there is some variation in the extent of this awareness among individuals., suggesting a substantial level of understanding about their reproductive health rights. This is a positive outcome as it indicates that a significant portion of the rural population has access to information about their rights, which is essential for informed decision-making and seeking proper healthcare. While the "Moderate" awareness category constitutes 18.2% of respondents, this mid-level awareness could be interpreted as a potential area for improvement. Individuals falling within this category might have some knowledge of their reproductive rights but might benefit from more comprehensive education and awareness campaigns to enhance their understanding. Interestingly, the "Low" awareness category represents only 6.2% of respondents. While this is a relatively small percentage, it still signifies the presence of individuals who might lack awareness about their reproductive health rights. Addressing this group through targeted awareness initiatives is crucial to ensure that all individuals, regardless of their demographic profile.
The statistical analysis sheds light on the extent of husband's participation in maternal care within rural of villages in Dharwad districts. The data illustrates the involvement of husbands in various aspects of their partners' pregnancy journey, highlighting both the areas where participation is strong and those that may require more attention. The

findings reveal that there is a notable level of husband participation in maternal care across several categories. For instance, a significant proportion of husbands accompany their partners to healthcare facilities during pregnancy (68.4%). This demonstrates a positive trend of support and involvement in ensuring the well-being of both the mother and the unborn child. Similarly, husbands also contribute significantly to household chores during pregnancy (38.7%) and provide emotional support throughout the pregnancy (68.0%). These actions reflect an understanding of the physical and emotional needs of pregnant women, showcasing a commitment to their overall health and well-being. On the other hand, there are areas where participation could be strengthened. While a significant number of husbands didn't make arrangements for skilled birth attendants (71.1%) and blood donors (83.6%), fewer husbands actively involve themselves in discussions with healthcare providers about maternal health issues (56.4%). This highlights a potential gap in communication and collaborative decision-making that could be addressed through encouraging more open dialogue between husbands, partners, and healthcare professionals.

Interestingly, a relatively lower percentage of husbands (47.3%) make arrangements for transportation, which is crucial for timely access to healthcare facilities during pregnancy. This indicates a need to emphasize the importance of transportation preparedness, particularly in rural areas where healthcare facilities might be distant. Overall, the statistical analysis underscores both positive trends and areas of improvement in terms of husband participation in maternal care within rural community. While there is commendable involvement in certain aspects, there is a need to promote well-rounded participation across all stages of pregnancy. Efforts to enhance communication, knowledge sharing, and awareness about the importance of various aspects of maternal care will contribute to improved maternal and child health outcomes in rural communities.

Overall Involvement presented in the statistical analysis examines the level of husband involvement in maternal care provides an insights into the extent to which husbands participate in supporting their partners during pregnancy, childbirth, and postnatal care. The findings reveal varying degrees of husband involvement in maternal care. The analysis categorizes respondents into three levels: "Low," "Moderate," and "High" involvement. Notably, a significant proportion of husbands fall into the "High" involvement category (29.3%), indicating a positive trend of active participation in maternal care. This implies that a considerable number of husbands in rural India are engaged in various aspects of their partners' pregnancy journey, contributing to the well-being of both the mother and the unborn child. Furthermore, there is a notable proportion categorized as having "Moderate" involvement (24.9%). This indicates that husbands are taking some steps towards supporting maternal care, albeit to a lesser extent compared to those in the "High" involvement category. However, the analysis also highlights a substantial portion of husbands with "Low" involvement (45.8%). This suggests that there is room for improvement in terms of encouraging husbands to play a more active role in maternal care. Initiatives to raise awareness, provide education, and promote the importance of husband involvement can contribute to bridging this gap and enhancing maternal and child health outcomes in rural areas.

The mean involvement score of 7.11 and the standard deviation of ± 4.51 suggest a relatively varied pattern of involvement among respondents. This indicates that while some husbands are deeply engaged in maternal care, others may require more support and encouragement to become more actively involved. In conclusion, the statistical analysis highlights a mix of encouraging trends and areas for improvement in terms of husband involvement in maternal care within rural India. While there is a significant proportion with "High" and "Moderate" involvement, efforts are needed to increase the level of participation among husbands categorized as having "Low" involvement. By promoting greater understanding of the benefits of husband involvement and by offering resources and support, rural communities can further strengthen the collaborative efforts of couples towards ensuring the health and well-being of both mothers and their infants.

The statistical analysis sheds light on the extent of husband's participation in child upbringing within rural of villages in Dharwad district. The data aims to understand the extent to which individuals, particularly Men, are involved in raising their children and nurturing their development. The findings categorize the respondents' level of participation into "Low," "Moderate," and "High" involvement. Surprisingly, there is no recorded response in the "Low" involvement category, indicating that all participants fall into the "Moderate" and "High" involvement categories. This suggests that the surveyed men, are generally actively engaged in the upbringing of their children, reflecting a positive trend of parental commitment and responsibility. A closer look at the analysis reveals that the mean level of participation is 90.01, with a relatively low standard deviation of ± 13.84. The high mean indicates that, on average, the surveyed individuals are significantly involved in child upbringing. The low standard deviation suggests that the degree of involvement is relatively consistent among respondents, with most individuals displaying a high level of participation. The absence of respondents in the "Low" involvement category and the high mean and low standard deviation together indicate a robust culture of child upbringing within rural India. The factors contributing to this scenario could include cultural norms, traditional values, and the close-knit nature of rural communities that emphasize collective child-rearing and family bonding.

Further, the statistical analysis examines the level of postnatal care awareness and participation of the respondents. The data helps us to understand the extent to which individuals are informed and actively engaged in postnatal care for infants and children, reflecting their understanding of the importance of health and well-being during this critical period. The findings are present various aspects of postnatal care. In terms of recognizing the dangers and mortality signs of infants and children, 51.3% of respondents indicated that they are aware of these signs, while 48.7% stated that they are not. This suggests that roughly half of the participants possess knowledge about potential health risks and danger signals in infants and children, emphasizing the need for further education to ensure the well-being of young ones. When it comes to accompanying wives for neonatal health services, 69.6% of respondents affirmed their participation, while 30.4% did not. This highlights a relatively high level of involvement by husbands in supporting the postnatal health of both mothers and

newborns. This proactive approach is beneficial, as the presence of partners during neonatal health services can enhance the overall care and understanding of health requirements during this critical period. Further, Regarding the awareness of vaccinations provided to children, 43.1% of respondents indicated that they are knowledgeable about all the vaccinations, while 56.9% stated that they are not aware. This finding underscores a gap in understanding the significance of vaccinations in preventing diseases and ensuring the health and immunity of children. Increased awareness campaigns and educational initiatives can contribute to bridging this knowledge gap and promoting the importance of immunization.

In conclusion, the statistical analysis provides a positive a outlook on child upbringing in rural. The lack of participants in the "Low" involvement category and the high mean level of participation underscore the dedication of parents and caregivers to actively participate in nurturing their children's growth and development. This finding aligns with the strong family and community ties often prevalent in rural areas, emphasizing the shared responsibility of raising children and fostering a sense of communal support. Similarly, the data in postnatal care awareness and participation, the findings highlight both positive aspects, such as the active involvement of husbands in neonatal health services, and areas that require attention, such as the need to enhance knowledge about dangers and mortality signs and the importance of vaccinations. Addressing these gaps through educational programs, community engagement, and healthcare interventions will contribute to better postnatal care practices and improved health outcomes for infants and children in rural communities.

21. Suggestions

1. Provide comprehensive and accurate sexual and reproductive health education through NGOs, Hospital setup etc. that includes information on men's roles, responsibilities, and rights. This education should be offered in schools, community centers, and healthcare settings, promoting informed decision-making.
2. Targeted awareness campaigns need to be developed, awareness campaigns that specifically target men, addressing common misconceptions and breaking down barriers to seeking reproductive health services. These campaigns can use relatable messaging and imagery to engage men effectively.
3. Involve men in prenatal care and encourage men to actively participate in prenatal care visits with their partners. This involvement nurtures emotional bonding, enhances communication, and ensures that men are informed about the pregnancy and its process.
4. Counseling services for men should be provided to address concerns related to reproductive health, parenting, and relationships. These services provide a safe space for men to discuss their questions and fears openly.
5. Fatherhood Workshops should be Organized which highlight the importance of involved fatherhood and teach practical parenting skills. These workshops can address topics such as newborn care, breastfeeding support, and managing work-family balance.

6. Promote contraceptive awareness and educate men about various contraceptive methods and their benefits. Encourage joint decision-making with their partners regarding contraception, enabling couples to choose the best method for their circumstances.

22. Social Work Implication

Promoting men's participation in reproductive health, reproductive rights, and child upbringing requires targeted social work interventions. This involves designing educational campaigns, workshops, and support groups to challenge stereotypes, encourage open dialogue, and empower men to share responsibilities. Social workers play a pivotal role in advocating for policy changes that recognize men's role as equal partners, ensuring accessible healthcare services, parental leave policies, and equitable family dynamics. By fostering an inclusive environment, social workers enable transformative shifts in attitudes, enabling healthier relationships and contributing to overall family well-being.

23. Conclusion

This research study advances our comprehension of the complex interplay between men's participation in reproductive health, reproductive rights, and child upbringing. It reinforces the notion that men's involvement is not only a matter of personal choice but a societal authoritative that shapes the foundations of families and communities. By transcending stereotypes and fostering equitable partnerships, we pave the way for a future where men actively contribute to the holistic well-being of individuals and society at large. As we move forward, armed with the insights collected from this study, we embark on a path towards transformative change one that empowers men, nurtures families, and fosters a more just and inclusive world.

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